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***Facsimile Transmittal***

**DATE:** 8/1/05  
**TO:** Amendment  
Commissioner for Patents  
**ATTN:** Examiner: Carol Tsai  
Art Unit: 2857

**FAX NUMBER** 571 273 8300

**FROM:** Donald C. Kordich, Attorney for Applicant  
Registration No. 38,213

**Total Number of Pages Sent:** 10 (including this transmittal cover sheet)

**FILING BY FACSIMILE:**

**ATTORNEY DOCKET NO.:** 020026

**ENCLOSED ARE:**

- Amendment ( 8 pages)
- Transmittal (in duplicate)

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**APPLICANT:** Patrick, et al.

**ASSIGNEE:** QUALCOMM Incorporated

**SERIAL NO.:** 10/687,478

**FILED:** October 16, 2003

**FOR:** PROCEDURE FOR ESTIMATING A PARAMETER OF A LOCAL MAXIMA OR MINIMA OF A FUNCTION

AUG 05 2005

Please contact Victoria J. Pacey at (858) 651-3411 if all pages do not transmit.

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10 of 20

PTO/SB/21

U.S. Department of Commerce  
Patent and Trademark Office  
**PATENT**

**AMENDMENT TRANSMITTAL FORM**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer No.: 23696  
Attorney Docket No.: 020026  
In Re Application of: Patrick, et al.  
Serial Number: 10/687,478  
Filed: October 16, 2003  
Examiner: Carol Tsai  
Group Art Unit: 2857

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	31	55	0	x \$50 =	\$0
Independent**	3	4	0	x \$200 =	\$0
Multiple Dependent Claim(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$360	\$
		<input checked="" type="checkbox"/> One Month		\$120	\$120.00
		<input type="checkbox"/> Two Months		\$430	\$
		<input type="checkbox"/> Three Months		\$1020	\$
				\$130	\$
				TOTAL FEE	\$120.00

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4.  Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.  
 5.  Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120.00.  
 The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.  
 6.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: August 1, 2005

Signature: 

Donald C. Kordich, Reg. No. 38,213  
Phone No. (858) 658-5928

QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

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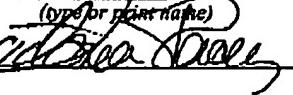
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(TRANSAMD.VER1.13-04/30/04)

PAGE 2/20 \* RCVD AT 8/1/2005 6:37:55 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-6/26 \* DNIS:2738300 \* CSID: \* DURATION (mm:ss):04:58

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020026

10/687,478

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of ) Examiner: Unknown  
Patrick, et al. ) Group Art Unit: Unknown  
Application No.: 10/687,478 )  
Filed: October 16, 2003 )  
For: PROCEDURE FOR ESTIMATING A )  
PARAMETER OF A LOCAL MAXIMA OR )  
MINIMA OF A FUNCTION )

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## RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

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Dear Commissioner:

Please enter the following amendment and amend the above-captioned application before examination as follows:

I hereby certify that this correspondence is being sent via facsimile addressed to the Commissioner of Patents, Alexandria, VA 22313, on:

August 1, 2005

(Date of Deposit)

Victoria J. Pacey

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08/05/2005 SSITHIB1 00000012 170026 10687478

01 FC:1251 120.00 DA